

REQUEST FOR WISCONSIN WORKS (W-2) FACT-FINDING REVIEW

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Name	Case Number	Phone Number ()
Street Address	City	Zip Code
		W-2 Worker

You may request a Fact-Finding Review if you believe that the agency's decision regarding W-2 services is incorrect. You must submit a request in writing to the W-2 agency within 45 days from the date of the decision notice, or within 45 days from the effective date of the decision, whichever is later.

___ / ___ / ___ : Notice of Decision Date. Please attach copy of Notice of Decision if possible.

Check the type of action by the W-2 agency.

W-2 Application

	Denied	Delayed
Employment Position	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Job Access Loan (JAL)	<input type="checkbox"/>	<input type="checkbox"/>

W-2 Benefits Reduced Or Terminated

	Reduced	Terminated
Employment Position	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate why you believe the W-2 agency's decision is not correct:

The Fact-Finding Review may also help to resolve issues regarding Food Stamps, Medical Assistance and Child Care benefits. The Fact-Finding Review will not delay or prevent your right for a Fair Hearing for Food Stamps, Medical Assistance and/or Child Care with the Department of Administration, Division of Hearings and Appeals.

Participant Signature	Date Signed
-----------------------	-------------